

Mailing Address:  
City of Chattanooga  
100 E. 11th Street, #302  
Chattanooga, TN 37402

# EMPLOYMENT APPLICATION

THE CITY OF CHATTANOOGA IS AN EQUAL OPPORTUNITY EMPLOYER

Office Location:  
302 City Hall Annex  
100 E. 11th Street  
Phone: (423) 757-5200

Review the Minimum Qualifications listed on the job announcement. Then, if you feel you qualify, complete this application. FILL IN ALL ITEMS. Be thorough, since your answers determine whether you will be considered for this position. Your completed application, together with all supplementary materials specified on the job announcement, must be received by the City of Chattanooga Personnel Department no later than 4:30 p.m. on the closing date specified in the job announcement. We cannot process incomplete, undated or unsigned applications. Neither can we be liable for materials lost or delayed in the U. S. mail.

Print in Black Ink or Type – Sign on Last Page

## GENERAL EMPLOYMENT INFORMATION

Have you previously worked for the City of Chattanooga?

☐ NO ☐ YES

If yes, dates: \_\_\_\_\_

How did you learn of this opening?

Are you a U. S. Citizen?

☐ NO ☐ YES

If no, enter Alien Work Permit Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Complete only if there are posted age requirements.)

Have you ever been convicted of any offense other than a minor traffic violation?

☐ NO ☐ YES

(Conviction of a crime is not necessarily a bar to employment.)

Do you possess a valid driver's license? ☐ NO ☐ YES

License No. \_\_\_\_\_

Class/endorsements \_\_\_\_\_

Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you interested in working: Temporary ☐ NO ☐ YES  
Part-Time ☐ NO ☐ YES

## Personal References

Name	Address	Phone

## Other Valid Licenses and Certificates you hold:

Type of License or Certificate	Issuing State	Registration Number	Expiration Date

## EDUCATION

When claiming college, business or vocational school credit for meeting minimum qualifications, you may be required to submit a copy of your degree or a legible photocopy of your up-to-date transcript with this application. Failure to do so may delay processing or disqualify your application. All papers submitted become the property of the City of Chattanooga Personnel Department and cannot be returned.

**Complete only if requirement of position (see minimum qualifications on job announcement).**

Do you have a high school diploma? ☐ NO ☐ YES Do you have a GED certificate? ☐ NO ☐ YES

If yes, indicate school name and address:

School \_\_\_\_\_ Address \_\_\_\_\_

If no, indicate highest grade completed: \_\_\_\_\_

## LIST SCHOOLS ATTENDED AFTER HIGH SCHOOL AND ANY SPECIAL TRAINING YOU HAVE RECEIVED:

Colleges/Universities Name and Address	FROM	TO	Field of Study	Units Completed	Certificate or Degree Awarded
	Mo./Yr.	Mo./Yr.			
			Major: Minor:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
			Major: Minor:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
			Major: Minor:	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter	
Business/Trade Schools Name and Address	FROM	TO	Subject	Hours Per Week	COMPLETED YES NO
	Mo./Yr.	Mo./Yr.			
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

LAST NAME

ADDRESS NUMBER & STREET/APT. #

FIRST

CITY

MIDDLE

STATE

ZIP CODE

TELEPHONE

HOME ( )

MESSAGE ( )

SOCIAL SECURITY NUMBER

TITLE OF POSITION APPLIED FOR

E-MAIL ADDRESS

RECRUIT #

## EXPERIENCE

List the positions that you have held, starting with your most recent one. If more than one position has been held with the same employer, list each separately. **THIS SECTION MUST BE COMPLETED IN DETAIL. YOU ARE ENCOURAGED TO ATTACH A RESUMÉ IF YOU WISH, BUT REFERENCE TO A RESUMÉ IN LIEU OF COMPLETING THIS SECTION CANNOT BE ACCEPTED.** Describe each different assignment in the military service. Under "duties" describe your job in sufficient detail so that we can determine your tasks and the level of responsibility. If you have had more than three (3) jobs or wish to add more detail to the "duties" section, please request and complete an experience addendum sheet and attach. Please include volunteer experience. Jobs and/or volunteer experience listed may require verification.

CURRENT EMPLOYER:	ADDRESS:	From: ____ / ____ Mo. Yr.
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
YOUR TITLE:	SUPERVISOR'S NAME & TELEPHONE NUMBER:	To: ____ / ____ Mo. Yr.
REASON FOR LEAVING		Salary _____

DUTIES (Be Specific):

EMPLOYER:	ADDRESS:	From: ____ / ____ Mo. Yr.
YOUR TITLE:	SUPERVISOR'S NAME & TELEPHONE NUMBER:	To: ____ / ____ Mo. Yr.
REASON FOR LEAVING		Salary _____

DUTIES (Be Specific):

EMPLOYER:	ADDRESS:	From: ____ / ____ Mo. Yr.
YOUR TITLE:	SUPERVISOR'S NAME & TELEPHONE NUMBER:	To: ____ / ____ Mo. Yr.
REASON FOR LEAVING		Salary _____

DUTIES (Be Specific):

**This application will be used for one position only.** If you wish to apply for other positions with the City of Chattanooga, submit an application for each position. A photocopy of this application may be used for other positions, but each one must bear an original signature. Reference on this application to materials submitted with other applications cannot be considered. Since the information you submit on this application may be a part of and/or the entire examination process, **your failure to complete information could delay or even disqualify you from consideration for appointment.** We can only make changes in address or telephone numbers upon written request.

I certify that the statements made by me on this application are, to the best of my knowledge, true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other document required by the City, if employed, may be considered as constituting grounds for disqualification and/or dismissal. I further understand that any offer of employment is subject to successful completion of components appropriate to the position, such as physical examinations, drug testing, psychological exams and/or background investigation. I therefore agree to release to the City's assigned doctor or examiner any information needed for my physical examination and/or employment screening. Having applied for employment with the City of Chattanooga, I do hereby agree and do give my consent that any person, firm or organization listed hereon is authorized to furnish the City with personal or reference material concerning my character and/or past employment and that I waive the right to be informed of information received from any source whether I am accepted or rejected for the position. I further agree and hereby give my consent for the City to furnish any statistical data regarding this application which may be required for compliance with Equal Employment Opportunity Guidelines.

I also understand that all employees of the City of Chattanooga must be residents of the State of Tennessee as per federal ruling effective January, 1990.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
(Please Print)

Social Security Number \_\_\_\_\_